RANPHA	FOLEN
Name	,

Select one:

Incumbent legislator (x)

47 District

1	Darty Affiliation	
R		

Legislative candidate (x) ____

HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

STATEHOUSE INDIANAPOLIS, INDIANA 46204

STATEMENT OF ECONOMIC INTERESTS FOR THE CALENDAR YEAR 2010

This statement shall be filed by members not later than seven (7) days following the first session day in January of each year and covers only activity occurring in the preceding calendar year. Non-incumbent candidates for the General Assembly must file this statement before filing a declaration of candidacy. All statements shall be filed with the Principal Clerk of the House, Room 3A-8, Third Floor Statehouse, Indianapolis, Indiana 46204.

Additional pages may be used, if necessary. See I.C. 2-2.1-3-2 for clarification of the questions.

 List the name of your employer(s) and the employer(s) of your spouse and the nature of the employer' business. "Employer" means any person or entity from whom the member of or candidate for the Indiana General Assembly or his or her spouse received more than 33% of his non-legislative income. 				
Name of Employer	Nature of Business	Your Employer (x)	Spouse's Employer (x)	
FOLEY FOLEY & PEDEN	MWOFFICE	<i>></i>		
	(2 courses)			

2. List the name of every sole proprietorship or professional practice operated by you or your spouse and the nature of the business.

	Name of Business	Nature of Business	Your	Spouse's
			Business (x)	Business (x)
	OF COUNSEL FOR			
/.	OF COUNSEL FOR FOLEY FOLEY + PEDEN	NOW OFFICE	V	-
	1/2 int. FOLEY PROSN D		$\boldsymbol{\varkappa}$	
3.	PARM RALPH M. FOLEY	FARM CONSULTANT	X	×

3. List the name of every partnership and limited liability company of which you or your spouse are a member and the nature of the business.

Name of Business	Nature of Business	Your Business (x)	Spouse's Business (x)
-			

4. List the name of any corporation of which you or your spouse are an officer or director and the nature of the corporation's business. Churches need not be listed. NON PROFITS WIO OF PENSATION

Name of Business	Nature of Business	Your Business (x)	Spouse's Business (x)

5. List the name of any corporation in which you, your spouse or unemancipated child own stock or stock options having a fair market value in excess of \$10,000. No time or demand deposit in a financial institution or an insurance policy need be listed.

Name of Business SEE ATTACITED —	Your Stock (x)	Spouse's Stock (x)	Children's Stock (x)
TRA ACCOUNTS & SIMILAR MUTUAL FUNDS, 13 DNDS @ BROK	ER5		
STOONS-SEE ATTACHEDLIS	\$7		

6. List the name of any state agency or the Supreme Court of Indiana which licenses or regulates any of the following: (a) your profession or occupation, (b) your spouse's profession or occupation, or (c) any proprietorship, partnership, corporation or limited liability company listed under items 2, 3, or 4. Also, list the nature of licensure or regulation. The requirement to file certain parts with the Indiana Secretary of State or to register with the Indiana Department of Revenue as a retail merchant, manufacturer or wholesaler shall not be considered licensure or regulation.

Name of State Agency			Profession or Occupation (x)		ess listed No. 2, 3 4 (x)
		You	Spouse	You	Spouse
IN GUPOT	LOW LICENSE	<u></u>			

7. List the name of any lobbyist: (a) who is a member of a partnership or limited liability company of which you are a partner or member or employee or (b) who is an officer or director of a corporation of which you are an officer, director or employee or (c) who is a manager of a limited liability company of which you are a member or employee. Describe the legislative matters which are the object of the lobbyist's activity.

Name of Lobbyist	Legislative Matters Which are the Object of the Lobbyist's Activity	Your Connection
= NONE KI	VOWN =	

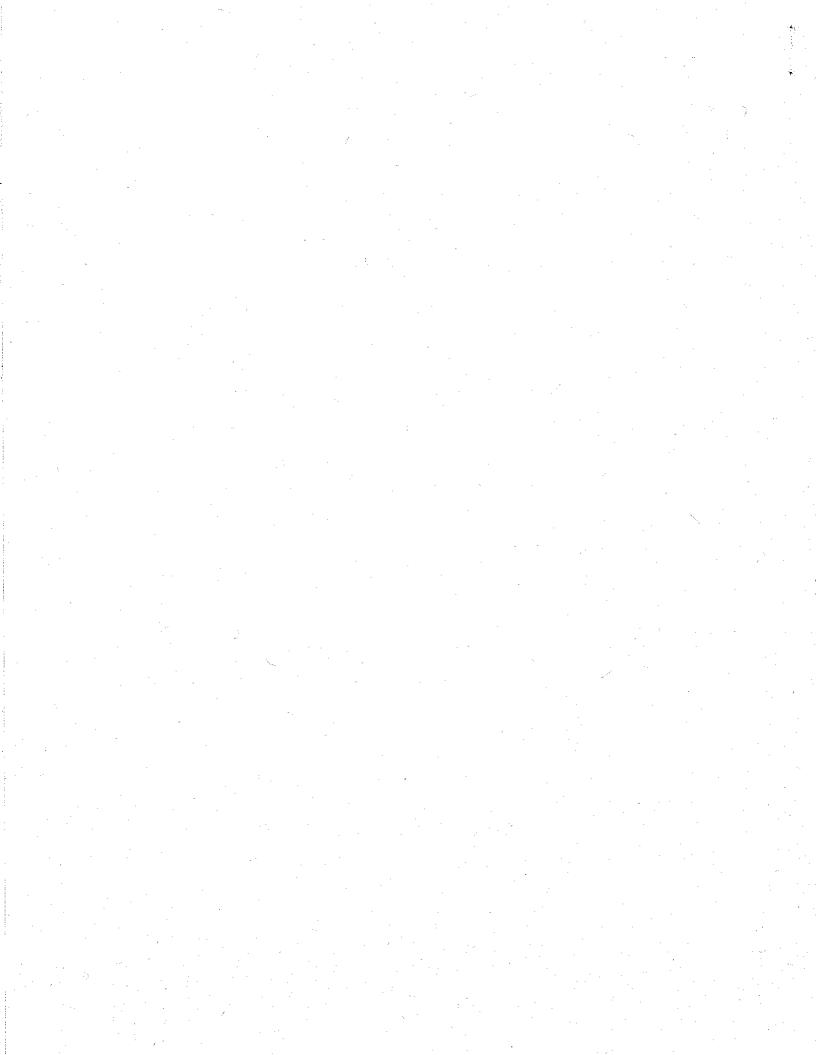
8. List the name of any person or entity on whose behalf you have appeared before, contacted or transacted business with any state agency or official thereof. List also the name of the state agency, the nature of the appearance and the cause number, if any. This does not apply when the services are rendered without compensation. "State agency" does not include state-supported colleges or universities or the agencies of any municipality or political subdivision of the state.

Name of Person	Name of State Agency	Nature of Contact, Appearance, Etc.	Cause No.
ROUTINET ORDINARY COURS	E of LAW PR	PACTICS VA	RIOUS
STATE AGENCIES	may be con	TACT	

I certify that the foregoing is true, accurate and complete, as I am verily informed and believe.

Filed with the Principal Clerk of the Indiana House of Representatives
This 10 day of January

archine Spots, Krincipal Clark



STOCKS OWNED JOINTLY WITH SPOUSE:

- 1. AT&T
- 2. BRISTOL MYERS
- 3. CONOCO PHILLIPS
- 4. DUKE ENERGY
- 5. ELILILLY
- 6. FIRST MERCHANTS CORP
- 7. KINDER MORGAN ENERGY
- 8. MCDONALD'S
- 9. MICROCHIP TECHNOLOGY
- 10. PLAINS ALL AMERICAN PIPELINE
- 11. STEEL DYNAMICS
- 12. VECTREN

STOCKS OWNED BY SPOUSE

- 1. ATT&T
- 2. CUMMINS ENGINE
- 3. DUKE ENERGY
- 4. ENERGY TRANSFER PARTNERS
- 5. FIRST MERCHANTS CORP
- 6. FIRST ENERGY CORP
- 7. LOCKHEED MARTIN
- 8. MICROCHIP TECHNOLOGY

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- 9. S.A. ENERGY CORP
- 10. VERIZON COMMUNICATION

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